

COMBINED DECLARATION and POWER OF ATTORNEY
(Utility, Design, National Stage of PCT)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

(Check one applicable item below)

[x] utility patent application
[] design patent application
[] national stage of PCT patent application

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

BODILY TISSUE DILATION SYSTEMS AND METHODS

SPECIFICATION IDENTIFICATION

the specification of which:

(complete (a), (b), or (c))

(a) [x] is attached hereto.

(b) [] was previously filed _____, as United States Patent Application Serial No. _____.

(c) [] was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article § 19 on _____ (*if any*).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claim(s), as amended by any amendment specifically referred to in the declaration, referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

FOREIGN PRIORITY CLAIM (35 USC § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) [x] no such applications have been filed.
- (e) [] such applications have been filed as follows.

Note: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below, and make the priority claim.

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (month, day, year)	PRIORITY CLAIMED UNDER § 119 or § 365
			[] YES NO []
			[] YES NO []
			[] YES NO []
			[] YES NO []

U.S. PRIORITY CLAIM
(35 USC § 120)

I hereby claim the benefit under 35 USC § 120 of any United States application(s) or § 365(c) of any PCT international application designating the United States of America listed below, if any, and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of title 35 USC § 112, I acknowledge duty to disclose information which is material to patentability as defined in title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international application filing date of this application.

UNITED STATES or PCT PARENT APPLICATION NO.	PARENT FILING DATE (month, day , year)	PARENT PATENT NO. (if applicable)

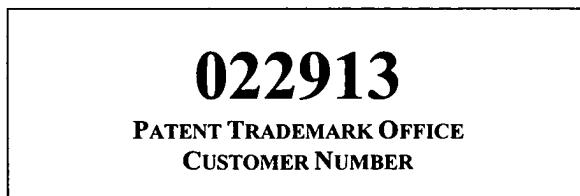
PROVISIONAL APPLICATION CLAIM
(35 USC § 119(e))

I hereby claim the benefit under 35 USC § 119(e) of any United States Provisional application listed below, if any.

United States Provisional Application No.	Date of Filing (month, day , year)

POWER OF ATTORNEY

I hereby appoint as my attorneys and/or patent agents all attorneys and/or patent agents listed under the following Customer Number, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:



All correspondence and telephonic communications should be directed to:

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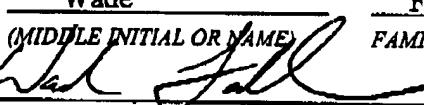
DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

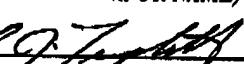
SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

T. (GIVEN NAME)	Wade (MIDDLE INITIAL OR NAME)	Fallin FAMILY (OR LAST NAME)
Inventor's signature		
Date <u>08/26/03</u>	Country of Citizenship	<u>United States</u>
Residence <u>210 East 200 South, Hyde Park, Utah 84318</u>		
Post Office Address <u>-Same as above-</u>		

Full name of second joint inventor, if any

Daniel (GIVEN NAME)	J. (MIDDLE INITIAL OR NAME)	Triplet FAMILY (OR LAST NAME)
Inventor's signature		
Date <u>8/26/03</u>	Country of Citizenship	<u>United States</u>
Residence <u>225 East 583 South, Providence, Utah 84332</u>		
Post Office Address <u>-Same as above-</u>		

Full name of third joint inventor, if any

Daniel F. Justin
(GIVEN NAME) *(MIDDLE INITIAL OR NAME)* *FAMILY (OR LAST NAME)*

Inventor's signature

Date Aug 26, 2003 Country of Citizenship United States

Residence 185 North Winding Way, Logan, Utah 84321

Post Office Address _____ **-Same as above-** _____

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